

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598578

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	0		/			
5	0		/			
6	0		/			
7	0		/			
8	0		/			
9	0		/			
10	0		/			
11	1		/			
12	1		/			
13	2		/			
14	1		/			
15	1		/			
16	1		/			
17	3		/			
18	0		/			
19	0		/			
20	0		1			
21	0		1			
22	0		1			
23	0		/			
24	1		/			
25	1		/			
26	1		/			
27	3		/			
28	3		/			
29	3		/			
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32	1		/			
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TOTAL IND.			5			
TOTAL DEP.			27			
TOTAL CLAIMS			32			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						